

Adonna Frometa

Life Care Plan

Prepared by:

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REPORT DATE:

May 1, 2008

Life Care Plan Prepared for:

RE:	Adonna Frometa
Date of Birth:	03/25/68
Age:	40.1
Date of Injury:	02/14/07
Diagnosis:	Multiple Orthopedic

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LIFE CARE PLAN

NARRATIVE

Introduction

Adonna Frometa (DOB: 03/25/68) is a forty year old female referred for development of a life care plan. The purpose of this evaluation is to assess the extent to which disabling conditions, incurred since onset of a motor-vehicle accident, involving neck, back, left leg, right and left shoulder injuries on February 14, 2007, will impact this individual's future medical, activities of daily living and independent living needs. The specific manner in which the resulting deficits impede Ms. Frometa's ability to demonstrate independent living skills were assessed in this report. She was interviewed in-person on April 26, 2008. The assessments and resulting recommendations focus on the costs, arising from Ms. Frometa's deficits, through her life expectancy. These recommendations are contained in the attached life care plan.

A life care plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs.¹ The cost figures contained in this plan are based on current rates in the New York/East Coast region. Actuarial figures are to be determined by an economist. This report is based on available documents reviewed and should there be additional documents available to review, we reserve the right to amend this plan.

Background Information

Ms. Frometa was born in the Dominican Republic. She became a United States citizen in 1978. She indicated that she completed the 11th grade at John Jay High School and obtained her GED in 1985 in Brooklyn, New York. She

¹ Combined definition of the University of Florida and Intelicus Annual Life Care Planning Conference and the American Academy of Nurse Life Care Planners presented at the Forensic Section Meeting, NARPPS Annual Conference, Colorado Springs and agreed upon April 3, 1998.

attended Kingsboro College for two semesters taking general coursework and obtained CPR certification. Ms. Frometa did not serve in the military. No other formal education is noted. She has a valid New York State drivers license.

Ms. Frometa has been residing in Brooklyn, New York. She alternates living with her aunt and her mother. Prior to injury, she noted enjoying figure skating, light yoga, racquetball, tennis, rolling skating, skiing and gymnastics, which she states she is no longer able to participate in at pre-injury levels.

Ms. Frometa has undergone the following medical procedures:

04/26/07 – 05/10/07; Dr. Andrew Davy Performed series of three Cervical Epidural Steroid Injection with Fluoroscopic Guidance; Epidurogram

5/15/07: Right-sided L5-S1 hemilaminotomy, medial facetectomy. Removal of herniated disc. Microscope was needed for the procedure.

09/21/07 - 10/03/07 : Dr. Andrew Davy completed facet joint/nerve injections with fluoroscopic guidance.

09/26/07 - 10/11/07: Dr. Andrew Davy performed a facet nerve denervation with fluoroscopic guidance.

10/10/07 – 10/24/07; Dr. Andrew Davy Performed series of three Lumbar Epidural Steroid Injection with Fluoroscopic Guidance; Epidurogram

12/13/07: Diagnostic discogram at C3-4; Percutaneous discectomy at C3-4.

05/08/08: Ms. Frometa is scheduled to undergo an implantation of the neurostimulator with Dr. Andrew Davy.

Medical Records Reviewed

- 1) NYC 911 Ambulance Call Report
02/14/07
- 2) Cabrini Medical Center
Unspecified Practitioner
Emergency Department Record: 02/14/07
Emergency Physician Record: 02/14/07
Progress Note: 05/17/07, 05/18/07
Marina Margolina, MD
Imaging: 02/14/07
*Ramesh Babu, MD
Operative Report: 05/17/07

- 3) Midtown Medical Practice, PC
 Albert Villafuerte, MD (212) 682-5800
 Initial Physiatric Evaluation: 02/23/07
 Follow-Up: 03/09/07
 Unspecified Practitioner
 Follow-Up: 02/26/07, 02/27/07, 02/28/07, 03/01/07, 03/02/07,
 03/05/07, 03/06/07, 03/07/07, 03/08/07, 03/09/07, 03/12/07,
 03/13/07, 03/14/07, 03/15/07, 03/19/07
 Allan Keil, MD
 Imaging: 03/12/07 (x2)
- 4) Stand-Up MRI of Manhattan, PC
 Robert Diamond, MD
 Imaging: 03/10/07 (x2)
- 5) Arden M. Kaisman, MD (212) 813-3199
 Initial Pain Management Evaluation: 03/27/07
- 6) Westchester Medical Care, PC
 R. C. Krishna, MD (718) 904-0908
 Initial Neurological Evaluation: 03/29/07
 Letter of Disability: 05/09/07
 Follow-Up: 12/03/07
 Unspecified Practitioner
 Initial Physical Therapy Evaluation: 03/29/07
 Physical Therapy Progress Note: 03/29/07, 04/02/07, 04/04/07,
 04/05/07, 04/11/07, 04/12/07, 04/13/07, 04/18/07, 04/20/07,
 04/23/07, 04/25/07, 04/26/07, 04/27/07, 04/30/07, 05/02/07,
 05/03/07, 05/09/07, 05/11/07, 05/14/07, 05/18/07, 06/06/07,
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 06/25/07, 06/28/07, 07/02/07, 07/03/07, 07/05/07, 07/11/07,
 07/13/07, 07/18/07, 07/19/07, 07/20/07, 07/26/07, 07/27/07,
 08/02/07, 08/03/07, 08/09/07, 08/10/07, 08/15/07, 08/17/07,
 08/22/07, 08/23/07, 08/24/07, 08/27/07, 08/30/07, 09/05/07,
 09/06/07, 09/07/07, 09/12/07, 09/14/07, 09/17/07, 09/19/07,
 09/20/07, 09/27/07, 09/28/07, 10/01/07, 10/05/07, 10/10/07,
 10/11/07, 10/12/07, 10/15/07, 10/18/07, 10/19/07, 10/22/07,
 10/25/07, 10/28/07, 10/31/07, 11/01/07, 11/05/07, 11/07/07,
 11/08/07, 11/14/07, 11/15/07, 11/19/07, 11/21/07, 11/26/07,
 11/27/07, 11/30/07, 12/03/07, 12/05/07, 12/09/07, 12/10/07,
 12/11/07
- 7) Xcalibur Chiropractic, PC
 Xerxes Oshidar, DC, DAAPM (718) 094-0117
 Initial Chiropractic Evaluation: 04/04/07

Unspecified Practitioner

Follow-Up: 04/12/07, 04/13/07, 04/20/07, 04/23/07, 04/25/07,
 04/26/07, 05/02/07, 05/03/07, 05/09/07, 05/11/07, 05/14/07,
 08/21/07, 08/24/07, 08/27/07, 08/30/07, 09/05/07, 09/06/07,
 09/07/07, 09/12/07, 09/14/07, 09/17/07, 09/19/07, 09/20/07,
 09/27/07, 09/28/07, 10/01/07, 10/05/07, 10/10/07, 10/11/07,
 10/12/07, 10/15/07, 10/18/07, 10/22/07, 10/25/07, 10/26/07,
 10/31/07, 11/05/07, 11/07/07, 11/08/07, 11/14/07, 11/15/07,
 11/19/07, 11/21/07, 11/26/07, 11/27/07, 11/30/07, 12/03/07,
 12/05/07, 12/06/07, 12/10/07, 12/11/07

8) New York University School of Medicine

*Ramesh Babu, MD (212) 263-7481

Initial Neurosurgical Evaluation: 04/09/07

9) *Andrew M. G. Davy, MD, PA (718) 377-8877

Initial Pain Management Evaluation: 04/20/07

Epidural Steroid Injection: 04/26/07, 05/03/07, 05/10/07, 10/10/07,
 10/17/07, 10/24/07

Facet Nerve Injection: 09/21/07, 10/03/07, 10/11/07

Facet Nerve Denervation: 10/11/07

Unspecified Practitioner

Imaging: 11/28/07

10) The Brooklyn Hospital Center

*Andrew M. G. Davy, MD

Operative Report: 12/13/07 (x2)

M. Cheema, MD (718) 250-8155

Surgical Pathology Report: 12/13/07

* Please note that an asterisk next to the name of a practitioner indicates that he or she may be found in several different locations throughout this medical summary.

Medical History Summary

On 02/14/07 the patient was admitted to Cabrini Medical Center. Dr. Marina Margolina completed imaging procedures. Her impression was:

CT Head w/o Contrast

"Normal examination."

On 02/23/07 Dr. Albert Villafuerte performed an initial psychiatric evaluation. He reported:

- 1) Status post motor vehicle accident 02/14/07.
- 2) Cervical and lumbar sprain/strain.
- 3) Headaches.

"If the events as described are correct and true, then the symptoms described are causally related to the accident of 02/14/07."

On 03/10/07 Dr. Robert Diamond completed several imaging procedures. He noted:

MRI Lumbar Spine

"L3-4 and L4-5 posterior disc bulges. L5-S1 diminished disc space height disc hydration loss and anterior disc extension and anterior spurring with adjacent osseous vertebral edema as well as posterior disc herniation."

MRI Cervical Spine

"C2-3 and C4-5 posterior disc bulges. C3-4 posterior disc herniation with ventral CSF impression. T1-2 and T2-3 eccentric left-sided peripheral disc herniations. Left maxillary mucosal thickening compatible with sinusitic change."

On 03/12/07 Dr. Alan Keil performed multiple imaging procedures. He concluded:

4 Views, Cervical Spine

"Minimal flattening at the anterosuperior margin of the C6 vertebral body."

2 Views, Lumbar Spine

"Minimal dextroscoliosis. L5-S1 intervertebral disc space narrowing with anterior productive changes."

On 03/27/07 Dr. Arden Kaisman conducted an initial pain management evaluation. He opined:

- 1) Disc herniation at C3-4 with disc bulge at C2-3 and C4-5 with the right cervical radiculopathy.
- 2) Cervical myofascial pain syndrome.

On 03/29/07 Dr. R. C. Krishna completed an initial neurological evaluation. He concluded:

"The patient's clinical features are consistent with cervical and lumbar disc bulges and disc herniation resulting in neuropathic pain syndrome."

According to Dr. Krishna, Electromyographs showed radiculopathy at C5-C6 and L5-S1.

On 04/04/07 Dr. Xerxes Oshidar conducted an initial chiropractic evaluation. His impression was:

- 1) Cervical radiculitis.
- 2) Cervical disc displacement/herniated nucleus pulposus.
- 3) Thoracic myofascitis.
- 4) Lumbar disc syndrome.
- 5) Lumbar radiculitis.

"I feel that there is a direct causal relationship between the accident described and Ms. Frometa's current injuries. At this point the patient remains impaired with regard to some functional capabilities."

On 04/09/07 Dr. Ramesh Babu performed an initial neurosurgical evaluation. He noted:

"MRI examination showed cervical disc herniation at C3-4. MRI examination of the lumbar spine demonstrates a disc herniation at L5-S1. I have advised her to undergo lumbar as well as cervical spine surgery to prevent further irreversible neurological damage.

"To the best of my ability, I feel there is a causal relation between the accident and the current condition."

On 04/20/07 Dr. Andrew M. G. Davy completed an initial pain management evaluation. He opined:

"Low back pain secondary to lumbar post-traumatic disc pathology, lumbar radiculopathy, multiple myofascial trigger points, cannot rule out facet syndrome.

"Neck pain secondary to cervical post-traumatic disc pathology, cervical radiculopathy, multiple myofascial trigger points, cannot rule out facet syndrome.

"Ms. Frometa has clinical signs, symptoms, and radiologic evidence consistent with cervical and lumbar post-traumatic disc pathology that is a direct result of the motor vehicle accident dated 02/14/07. No pre-existing condition exists that affects the causality. All her pain, suffering, and current marked partial disability are a result of this accident. She has failed conservative therapy and I would like to proceed with the routine interventional treatments, namely epidural injections and facet treatments."

On 04/26/07, 05/03/07, 05/10/07, 10/10/07, 10/17/07 and 10/24/07 Dr. Andrew Davy performed epidural steroid injections.

On 05/09/07 Dr. R. C. Krishna composed a letter of disability regarding the patient. He wrote:

“Please be advised that the above-mentioned patient was involved in a car accident on the above-mentioned date. Ms. Frometa is having difficulties with her cervical spine and her lumbar spine. She is unable to return to work until her next re-evaluation which will take place in a month from today’s date.”

On 05/17/07 the patient presented to Cabrini Medical Center for a surgical procedure to be completed by Dr. Ramesh Babu. It progressed as follows:

Pre-op Dx: Herniated lumbar disc, L5-S1.

Post-op Dx: Same.

Procedure: Right-sided L5-S1 hemilaminotomy, medial facetectomy. Removal of herniated disc. Microscope was needed for the procedure.

On 09/21/07, 10/03/07 Dr. Andrew Davy completed facet nerve injections.

On 10/11/07 Dr. Andrew Davy performed a facet nerve denervation.

On 11/28/07 Dr. Andrew Davy analyzed radiological examinations of the cervical, thoracic, and lumbar spine. He reported:

“Good C2-C4 disc space. Patient is an excellent candidate for [illegible] C3-4.”

On 12/03/07 Dr. M. Cheema composed a surgical pathology report as follows:

Diagnosis: “Intervertebral disc C[3]-C4. Degenerated cartilaginous material.”

On 12/03/07 Dr. R. C. Krishna examined the patient in follow-up. He noted:

Diagnosis: “Post traumatic headache. Cervical disc herniations. Lumbar disc herniations. Cervical radiculopathy. Lumbar radiculopathy. Status post lumbosacral laminectomy.

“In my opinion as stated in my original consultation, with a reasonable degree of medical certainty, the injury of 02/14/07 was competent provocation cause of the impairment and disability and in my opinion there is causal relationship.”

On 12/13/07 the patient presented to Brooklyn Hospital Center for two surgical procedures to be performed by Dr. Andrew Davy. They progressed as follows:

Pre-op Dx: Cervical disc disease, cervical radiculopathy, rule out contained disc herniation.

Post-op Dx: Cervical contained disc herniation, cervical radiculopathy at C3-4.

Procedure: Diagnostic discogram at C3-4.

Diagnosis: Cervical disc disease, cervical radiculopathy, and contained disc herniation at C3-4.

Procedure: Percutaneous discectomy at C3-4.

Current Functional Limitations/Behavioral Problems

Ms. Frometa requires assistance with activities of daily living. Ms. Frometa demonstrates the following limitations:

- Unable to lift or carry over 10 pounds
- Difficulty sitting; has to be supported or recline
- Difficulty climbing stairs
- Poor balance and gait
- Unable to stoop, bend, or kneel
- Difficulty standing for long periods of time
- Difficulty driving longer than one hour
- Difficulty feeling, grasping, and reaching; hands tingle
- Difficulty seeing when she experiences a migraine headache
- Difficulty walking more than three blocks
- Increased pain and weakness in left leg
- Increased pain and weakness in both shoulders
- Increased pain and weakness in lower back and neck area
- Difficulty grasping and holding objects with left hand
- Difficulty walking for more than one block
- Requires assistance with activities of daily living
- Difficulty sleeping with disrupted sleep
- Bothered by noises, vibrations, and heights
- Frustration, anxiety, and stress
- Depression
- Sensitivity to wet and cold temperatures extremes

Ms. Frometa reported that she experiences daily pain in her lower back and left leg, neck and shoulders. She experiences a tingling feeling in her hands, left worse than right. She experiences migraine headaches that may last for weeks at a time.

She noted that she is unable to perform her former homemaking duties without pain, including laundry, cleaning, cooking and shopping. She reported difficulty lifting and carrying, climbing, balancing, stooping, kneeling, bending, kneeling, sitting, walking, and sustained standing. She has difficulty grasping, reaching and handling objects. She has difficulty sleeping. She requires assistance with activities of daily living. Her aunt accompanies her to the bathroom, washes her clothes, prepares her meals, assists with dressing and bathing.

Ms. Frometa indicated that since the accident, she has gained 30 pounds. Ms. Frometa was attending physical and occupational therapy, but is currently unable to do so as her insurance is not paying for therapy.

Pertinent Medical History Information

Ms. Frometa indicated no previous medical history prior to motor-vehicle accident of February 14, 2007.

Home/Daily Activities Evaluation

Ms. Frometa resides in Brooklyn, New York. She alternates living with her aunt and her mother. Due to her orthopedic limitations, Ms. Frometa requires assistance with many of her activities of daily living. She has difficulty with household tasks due to pain and injuries. She is unable to shop or do laundry. Ms. Frometa lives part time with her aunt. She indicated that her aunt accompanies her to the bathroom, washes her clothes, prepares her meals, assists with dressing and bathing as she has much difficulty doing these tasks.

Ms. Frometa would benefit from aids for independent living. These items will need replacement in the future. The items include a shower chair, handheld shower, reacher and cervical pillow.

Medications

Ms. Frometa takes the following medications related to daily, persistent pain, in the lower back, neck, left leg, and right and left shoulders:

Lyrica	50mg, 30ct	Pain Relief
Baclofen	10mg, 90ct	Muscle Relaxant
Opana	5mg, 90ct	
Amitiptyline HCL	10mg, 30ct	Anxiety Relief

Esgic Plus

30ct

Pain Relief

Treating Physicians/Providers

Andrew Davy, M.D.	Pain Management	Every six weeks
Ramesh Babu, M.D.	Neurosurgeon	Every three months
Ranga Krishna, MD	Neurologist	Every three months

Provider Comments

Ms. Frometa is currently under the care of Andrew Davy, M.D., pain specialist, Ranga Krishna, M.D. neurologist and Rashed Babu, M.D. neurosurgeon. Information regarding current and future medical recommendations was provided by Dr. Davy, Dr. Krishna and Dr. Babu.

Dr. Davy indicated that he currently sees Ms. Frometa every six weeks for pain management follow-up. She requires pain medications. He has performed facet nerve injection and denervation. These procedures were not successful in alleviating her pain.

He has recommended a trial with a neurostimulator. If this is successful, he will implant the permanent neurostimulator. She would require physical therapy after the implantation, 3x weekly for 4 -6 weeks. He indicated that once the neurostimulator was in place, battery replacement would be required every 7-9 years.

Dr. Krishna indicated that Ms. Frometa will require MRI diagnostic imaging of the cervical and lumbar spine every 3-5 years and the assistance of a home health aide as she ages. Dr. Babu recommended four follow-up visits at his office over the next year. And physical therapy three times a month for one year.

Life Expectancy

Ms. Frometa is currently 40.1 years of age. She is projected to live the age of 82.0 years of age, an additional 41.9 years according to the National Center of Health Statistics.²

Life Care Plan Recommendations

1. Medical care to include, but not limited to, evaluations and follow-up care with a pain management specialist.
2. Psychological and Psychiatric counseling due to depression and acceptance of disability is outlined.

² National Vital Statistics Reports, Vol 52, No. 14, February 18, 2004.

3. Diagnostic tests including MRI's are included in the plan.
4. Physical therapy after placement of the neurostimulator is outlined. Gym membership with short term personal trainer is also included.
5. Current Pain medications are outlined in the life care plan.
6. Surgical interventions recommended by Dr. Davy are listed in the plan.
7. Equipment to assist with activities of daily living are listed.
8. Option A in the plan provides for home health care assistance starting immediately. She is currently receiving assistance from a relative. This is based on the need for assistance if the relative was not available to care for her. The total cost of this plan is **\$2,325,610.19**.

Option B in the plan provides for home health care assistance beginning at age 55. This is based on the ideal that the neurostimulator is successful in providing pain reduction and improving function. The total cost of this plan is **\$1,760,114.96**.

9. The plan provides for continuation of care through life expectancy.

Conclusions

Pertinent medical, psychosocial and rehabilitation reports and data were carefully considered in this report. This life care plan is based on record review, interviews with Ms. Frometa, and treating physicians.

Ms. Frometa is significantly and permanently disabled subsequent to developing physical impairments following a motor-vehicle accident on February 14, 2007. Her disability has significantly affected all aspects of her life.

Ms. Frometa's treating physicians indicated that the medical services recommended in this life care plan are a direct result of injuries to her cervical spine and lumbar spine. According to her physicians, she will be impaired in her activities of daily living. Ms. Frometa will require medical and rehabilitation intervention and support throughout the remainder of her life.

Ms. Frometa will require continued follow-up care from treating physicians, therapists and other medical providers for the remainder of her lifetime. Specific recommendations and needs have been provided in the life care plan. Dr. Davy has recommended a trial and implantation of a neurostimulator due to chronic pain. She will also require battery replacement every 7-9 years.

Ms. Frometa is not currently under the care of a psychologist or psychiatrist. She indicated at the evaluation that she was depressed. It is recommended that Ms. Frometa be seen by psychiatrist/psychologist for care.

Ms. Frometa has a permanent disability that significantly affects her ability to function in all aspects of her life. It is essential that Ms. Frometa receive sufficient medical care to assist her in activities of daily living and to maximize her potential. This Life Care Plan addresses Ms. Frometa's needs that have arisen as a result of disabilities related to a motor-vehicle accident on February 14, 2007.

I reserve the right to amend my findings contingent on additional medical documentation furnished to me in the future.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Charles Kincaid".

Charles Kincaid, Ph.D., CRC, CLCP, CRC, ABVE, ATP
Licensed Rehabilitation Counselor (N.J. Lic# RC00042)
Certified Rehabilitation Counselor
Certified Life Care Planner
Certified Vocational Expert
Assistive Technology Practitioner

COST SUMMARY

Adonna Frometa

OPTION A

Item	Annual Cost	Years	Lifetime Costs
Evaluations/Primary Car	\$ 568.77	41.9	\$ 23,831.46
Projected Therapeutic Modalities	\$ 1,630.40	41.9	\$ 68,313.76
Diagnostics	\$ 183.25	41.9	\$ 27,133.00
Future Surgery	\$ 5,584.73	41.9	\$ 234,000.00
Aids for Independence	\$ 43.72	41.9	\$ 1,831.87
Medications	\$ 5,668.45	41.9	\$ 237,508.05
Routine Medical Care	\$ 2,057.48	41.9	\$ 86,208.52
Case Management	\$ 1,350.00	41.9	\$ 56,565.00
Home Health Care	\$37,952.70	41.9	\$1,590,218.13
TOTALS:	\$55,503.82		\$2,325,610.19

COST SUMMARY**Adonna Frometa****OPTION B**

Item	Annual Cost	Years	Lifetime Costs
Evaluations/Primary Car	\$ 568.77	41.9	\$ 23,831.46
Projected Therapeutic Modalities	\$ 1,630.40	41.9	\$ 68,313.76
Diagnostics	\$ 183.25	41.9	\$ 27,133.00
Future Surgery	\$ 5,584.73	41.9	\$ 234,000.00
Aids for Independence	\$ 43.72	41.9	\$ 1,831.87
Medications	\$ 5,668.45	41.9	\$ 237,508.05
Routine Medical Care	\$ 2,057.48	41.9	\$ 86,208.52
Case Management	\$ 1,350.00	41.9	\$ 56,565.00
Home Health Care	\$24,456.40	41.9	\$1,024,722.90
TOTALS:	\$42,007.52		\$1,760,114.96

**APPENDIX A
LIFE CARE PLAN**

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DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Projected Evaluations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Pain Management Evaluation	Beginning 40.1	1x yearly, on-going	To evaluate pain management needs.	Per Unit \$416.66	Average Area Costs.	Andrew M. Davy, M.D./
	Ending Life			Per Year \$416.66		
Psychiatric Evaluation	Beginning 40.1	1x lifetime	To evaluate psychiatric needs.	Per Unit \$333.33	Average Area Costs.	Ragna Krishna, MD
	Ending Life			Per Year \$7.95		Charles A. Kincaid, Ph.D, ATP, CLCP
Psychological Evaluation	Beginning 40.1	1x yearly	To evaluate adjustment to disability and depression symptoms.	Per Unit \$144.16	Average Area Costs.	Ragna Krishna, MD
	Ending Life			Per Year \$144.16		Charles A. Kincaid, Ph.D, ATP, CLCP

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Projected Therapeutic Modalities

Item / Service	Age	Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physical Therapy Evaluation	Beginning	40.1	1x lifetime	Evaluate Therapy Goals	Per Unit \$141.66	Average Cost in local area.	Andrew Davy, M.D.
	Ending	Life			Per Year \$3.38		
Physical Therapy	Beginning	40.1	3x monthly for one year	Improve range of motion/therapeutic exercise.	Per Unit \$100.00	Average Cost in local area. \$100 x 36 sessions= \$3,600.00	Andrew Davy, M.D. Ramesh Babu, MD
	Ending	41.1			Per Year \$85.92		
Gym Membership	Beginning	40.1	Monthly membership, ongoing	Improve range of motion/therapeutic exercise.	Per Mth \$122.22	Average Cost in local area. \$122.22 x 12= \$1466.64/yr.	Ragna Krishna, MD Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending	Life			Per Year \$1,466.64		
Personal Trainer	Beginning	40.1	1x weekly for 1 year	Education for gym equipment and exercise.	Per Unit \$65.00	Average Cost in local area. \$65 x 4= \$260/mth x 12= \$3,120.00	Ragna Krishna, MD Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending	Life			Per Year \$74.46		

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Diagnostics

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
MRI Cervical/ Spine	Beginning 40.1	1x 3-5 years 10x total	Evaluate Cervical and Lumbar Spine	Per Unit \$1,356.66	Average cost in local area. Total Cost = \$13,566.60	Ragna Krishna, MD
	Ending Life			Per Year \$323.79		
MRI Lumbar Spine	Beginning 40.1	1x 3-5 years 10x Total	Evaluate Lumbar Spine	Per Unit \$1,363.33	Average cost in local area. Total Cost = \$13,566.60	Ragna Krishna, MD
	Ending Life			Per Year \$323.79		

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Medications

Item / Service	Age Year	Frequency / Replacement	Purpose	Cost	Comment	Recommended By
Lyrica	Beginning 40.1	50mg, 1x daily	Nerve Pain	Per Day \$2.60	Average Cost in local area.	Andrew Davy, M.D.
	Ending Life			Per Year \$949.00		
Baclofen	Beginning 40.1	10mg, 3x daily	Muscle Relaxant	Per Day \$1.23	Average Cost in local area. \$.41 x 3/day = \$1.23/day	Andrew Davy, M.D.
	Ending Life			Per Year \$448.95		
Opana	Beginning 40.1	5mg, 3x daily	Pain Relief	Per Day \$7.29	Average Cost in local area. \$2.43/pill x 3 = \$7.29/day	Andrew Davy, M.D.
	Ending Life			Per Year \$2,660.85		
Amitriptyline HCL	Beginning 40.1	10mg, 1x daily	Anxiety	Per Day \$.39	Average Cost in local area.	Andrew Davy, M.D.
	Ending Life			Per Year \$142.35		
Esgic Plus	Beginning 40.1	4x daily	Pain Relief for headaches	Per Day \$4.02	Average Cost in local area. \$1.34/pill x 3 = \$4.02/day	Andrew Davy, M.D.
	Ending Life			Per Year \$1,467.30		

Note: Growth rate to be determined by economist

Note: Exact medication and dosage may change throughout lifetime.

Note: Annual cost above based upon current dosage and usage

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Surgical Intervention

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Neurostimulator Trial	Beginning 40.1	1x lifetime	Cervical/Lumbar Pain	Per Unit \$29,000.00	Estimated costs obtained from Dr. Andrew Davy. Includes surgeon fee, equipment fee, anesthesia	Andrew Davy, M.D.
	Ending LE			Per Year \$692.12		
Neurostimulator Implantation	Beginning 40.1	1x lifetime	Cervical/Lumbar Pain	Per Unit \$47,000.00	Estimated costs obtained from Dr. Andrew Davy. Includes surgeon fee, equipment fee, anesthesia, and facility fee	Andrew Davy, M.D.
	Ending LE			Per Year \$1,121.72		

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Surgical Intervention-continued

Item / Service	Age Year	Frequency / Replacement	Purpose	Cost	Comment	Recommended By
Battery Replacement for Neurostimulator	Beginning 40.1	Every 7-9 years. (4x lifetime)	Replacement of battery for neurostimulator	Per Unit \$37,000.00	Estimated costs obtained from Dr. Andrew Davy. Includes surgeon fee, equipment fee, anesthesia and facility fee \$37,000.00 x 4= \$148,000.00	Andrew Davy, M.D.
	Ending LE			Per Year \$3,532.22		

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Aids for Independence

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Shower Chair	Beginning 40.1	Every 7 years	Assist with Bathing Needs.	Per Unit \$47.98	Replace 5 times lifetime @ \$47.98/per shower chair = \$239.90	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$5.73		
Handheld Shower	Beginning 40.1	Every 7 years	Assist with Bathing Needs.	Per Unit \$29.57	Replace 5 times lifetime @ \$29.57/per hand held shower = \$147.85	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$3.53		
Reacher	Beginning 40.1	Every 7 years	Assist with independence.	Per Unit \$20.98	Replace 5 times lifetime @ \$20.98/per reacher = \$104.90	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$2.50		
Cervical Pillow	Beginning 40.1	Every year, on-going	Assist with pain and sitting/sleeping	Per Unit \$31.96	Average cost in local area	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$31.96		

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Routine Medical Care

Item / Service	Age Year	Frequency / Replacement	Purpose	Cost	Comment	Recommended By
Neurosurgeon	Beginning 40.1	4 times over 1 year period	Routine follow-up	Per Unit \$241.60	Average Cost in local area. \$241.60 x 4 visits = \$966.40	Ramesh Babu, MD
	Ending 41.1			Per Year \$966.40		
Neurologist	Beginning 40.1	1x every 3 months	Routine follow-up for neurological issues.	Per Unit \$114.00	Actual Cost of current service. \$114.00 x 168 visits = \$19,152.00	Ragna Krishna, MD
	Ending Life			Per Year \$456.00		
Pain Management Specialist	Beginning 40.1	Every 6 weeks for one year. (8x) 1x every 3 months thereafter	Routine follow-up for pain management	Per Unit \$239.16	Average Cost in local area. \$239.16 x 172 visits = \$41,135.52	Andrew Davey, MD
	Ending Life			Per Year \$981.75		
Psychologist	Beginning 40.1	1x weekly for 6-12 months (36 sessions); thereafter 6-8 sessions per year (286 sessions)	Routine counseling for adjustment to disability and depression. First year is intensive therapy; thereafter supportive sessions	Per Unit \$77.50	Average Cost in local area. \$77.50 x 322 sessions = \$24,955.00	Ragna Krishna, MD Charles A. Kincaid, Ph.D., ATP, CLCP
	Ending Life			Per Year \$595.58		

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Home Health Care- Option A

Beginning at age 40.1

Item / Service	Age Year	Frequency / Replacement	Purpose	Cost	Comment	Recommended By
Home Health Aide	Beginning 40.1	4 -8 hours per day, 7 days per week, on-going	Assist with activities of daily living	Per Day \$103.98	Average Cost in local area. \$17.33/hr x 6 = \$103.98/day x 365 days = \$37,952.70/Year x 41.9 years = \$1,590,218.13	Ragna Krishna, MD Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$ 37,930.80		

*Ms. Frometa currently has assistance from her family members. If this situation should change, she would require home health assistance to continue to live independently. The home health care would begin at age 40.1.

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Home Health Care- Option B

Beginning age 55.0

Item / Service	Age Year	Frequency / Replacement	Purpose	Cost	Comment	Recommended By
Home Health Aide	Beginning 55.0	4 -8 hours per day, 7 days per week	Assist with activities of daily living	Per Day \$103.98	Average Cost in local area. \$17.33/hr x 6= \$103.98/day x 365= \$37,952.70/yr x 27 years= \$1,024,722.90	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending Life			Per Year \$37,952.70		

*Ms. Frometa currently has assistance from her family members. If this situation should change, she would require an increase in home health assistance to continue to live independently. Home Health Care would likely begin at age 55.0 if the neurostimulator was successful in reducing her pain.

Note: Growth rate to be determined by economist

DOB: 03/25/68
D/E: 04/26/08

Date Prepared: 05/01/08
Primary Disability: Multiple Orthopedic

Life Care Plan

Adonna Frometa

Case Management

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Case Management	Beginning 40.1	1-2 hours per month	Routine supervision of case and services. Average 18 hours per year.	Per Unit \$75.00	Adjust services as needed and monitor ability to function.	Charles A. Kincaid, Ph.D, ATP, CLCP
	Ending LE			Per Year \$1,350.00		

Note: Growth rate to be determined by economist

Potential Complications

Adonna Frometa

Dr. Davy has recommended that Ms. Frometa have undergo trial and implantation of neurostimulator due to chronic pain issues.

Ms. Frometa may need to be seen by an orthopedic surgeon if her physical condition continues to deteriorate.

Dr. Charles Kincaid reported that Ms. Frometa evidenced depression with suicidal ideation. It is recommended that she attend psychological counseling for depression. A psychiatric evaluation is also recommended.

INTERVIEW WORKSHEET

DOJ 2/14/07 MVA

Personal Data

Client's Name: ADONNA FROMETTA SS#: _____
 Address: 666 EAST 233RD ST. APT 1A Accessible to Public Transport: YES
 City: BRONX State: NY Zip: 10466
 Date of Birth: 3/25/68 Age: 40 Sex: F Phone: _____
 Place of Interview - Home: _____ Office: ☒ Other: _____ City: HACKENSACK NJ
 Interviewing Counselor: CITARLES KINAIN Case #: _____ Interview Date: 4/26/08
 Referral Source: SLAWEK W. PLATTA ESQ. Referral Date: 4/25/08
 Address: 42 BROADWAY SUITE 1907 City: NY, NY 10004
 Claim #: _____ File #: _____ Case Manager: SAME

Family Background

Place of Birth: SANTO DOMINGO, DOMINICAN REPUBLIC US CITIZEN SINCE 1978
 How Long at Present Location?: 3-4 yrs
 Spouse's Name: _____ Occupation: _____ Age: _____
 Marital Status: S Previous Marriages? Yes: _____ No: ☒ Date of Present Marriage: _____
 Number of Children: 0 At Home: ☒ Names and Ages: ☒

Military Service

Branch: NONE Years Served: _____ Type discharge: _____
 Occupation & duties: _____
 Special training: _____
 Service connected disability: _____ Percentage: _____

Miscellaneous Data

Driver's License #: NYS-AND VALID Chauffeur's License #: ☒
 Hobbies/Leisure Time Activities: FIGURE SKATING, ROLLER SKATING, TENNIS, YOGA
RACQUETBALL, SIKING, GYMNASTICS, PLAY PIANO
 Arrests/Convictions: NONE

Education

Last Grade Completed: 11TH Name of School: JOHN JAY HS, BROOKLYN NY
 Degree / Certification: EARNED GEN Year: 1985
 Special Training: 2 SEMESTER KINGSBORO COLLEGE / EARNED CPR
 Location: BROOKLYN NY / FLIGHT ATTENDANT TRAINING Year: _____
AMERICAN TRANS AIR

NO WAGE LOSS CLAIM

Employment

Employer when injured: _____ Job Title: _____

Address: _____ City: _____

Date Started: _____ Date Left: _____ Reason: _____

Supervisor: _____ Salary: _____

Union Member? Yes: _____ No: _____ Name of Union: _____

On previous job was client required to:

Walk: _____	How far: _____	Drive: _____	How far: _____
Stand: _____	How long: _____	Balance: _____	How long: _____
Sit: _____	How long: _____	Carry: _____	How much: _____
Lift: _____	How much: _____	Push: _____	How far: _____
Bend: _____	How often: _____	Pull: _____	How far: _____
Kneel: _____	How often: _____	Stoop: _____	How often: _____
Squat: _____	How often: _____	Handle: _____	How often: _____
Climb: _____	How much: _____	Work	
Reach: _____	How far: _____	overtime: _____	How much: _____

Employer Comments: _____

EMPLOYMENT HISTORY:

AIRLINE FLIGHT ATTENDANT

WAITRESS

ENTERTAINER

Other Work Experience (Begin with most recent job first)

Employer: _____ Job Title: _____

Address: _____ City: _____

Date Started: _____ Date Left/Reason: _____ Salary: _____

Supervisor: _____ Best Skill: _____

Specific Duties: _____

Union Member: Yes: _____ No: _____ Name of Union: _____

Employer: _____ Job Title: _____

Address: _____ City: _____

Date Started: _____ Date Left/Reason: _____ Salary: _____

Supervisor: _____ Best Skill: _____

Specific Duties: _____

Union Member: Yes: _____ No: _____ Name of Union: _____

Employer: _____ Job Title: _____

Address: _____ City: _____

Date Started: _____ Date Left/Reason: _____ Salary: _____

Supervisor: _____ Best Skill: _____

Specific Duties: _____

Union Member: Yes: _____ No: _____ Name of Union: _____

Vocational Information

Employment Interests: _____

Business Practices with which client is familiar (describe):

Bookkeeping: _____

Inventory Control: _____

Shipping/Receiving: _____

Scheduling: _____

Supervising: _____

Instructing: _____

Other: _____

Machines/Equipment with which client is familiar and/or has had experience (describe):

Office Machines: _____

Farm Equipment: _____

Construction Equipment: _____

Hand Tools: _____

Transportation Equipment: _____

Machine/Shop Tools: _____

Special license or certificate (describe):

Possession of special tools or equipment (describe):

Available for work (date): _____ Salary requirements: _____ Minimum wage: _____

Means of transportation: _____ Willing to commute: _____ Willing to relocate: _____

Rt. HAND DOMINANT

Physical Limitations

Activity	None	Yes	Extent
Lifting		✓	10 lbs at MOST
Talking	✓		
Hearing	✓		
Sitting		✓	HAS TO BE SUPPORTED - PREFERS RECLINING
Climbing		✓	GOING UP STAIRS
Balancing		✓	
Stooping		✓	
Breathing	✓		
Driving		✓	UP TO 1 HR AS PASSENGER
Feeling		✓	HANDS TINGLE - DIFFICULTY GRASPING
Reaching		✓	
Seeing		✓	WHEN SHE HAS MIGRAINE HEADACHES
Standing		✓	
Walking		✓	3 BLOCKS
Bending		✓	
Kneeling		✓	
Sleeping		✓	DISRUPTED / SLEEP WALKS SINCE ACCIDENT

Emotional Status: (Include emotional appearance, depression, anxiety, anger, etc.):

DEPRESSED MOOD

Motivation: (Include client's effort to recall information, attitude toward interviewer, outside issues affecting interview, pertinent observations and body language):

Impressions & Comments:

Date: 4/26/08

Consultant:

Charles Vincent

Financial Status

INCOME

EXPENSES

Relatives \$: _____ Month
 Welfare \$: _____ Month
 V.A. \$: _____ Month
 D.V.R. \$: _____ Month
 Cash on hand \$: _____ Month
 S.S. \$: _____ Month
 Pension \$: _____ Month
 W.C. \$: _____ Month
 Other \$: _____ Month

SUPPORT
LOANS &
FAMILY HELP

Auto \$: _____ Month
 Personal \$: _____ Month
 Insurance \$: _____ Month
 Telephone \$: _____ Month
 Counselor \$: _____ Month
 Medicine \$: _____ Month
 Utilities \$: _____ Month
 Rent \$: _____ Month
 Food \$: _____ Month
 Transportation \$: _____ Month
 Miscellaneous \$: _____ Month

Total income \$: _____ Month

Total expenses \$: _____ Month

Personal Appearance

Height: _____ Weight (Pre injury): _____ Weight (Current): GAINED 30 POUNDS Grooming: CASUAL

Outward signs of injury/disabling condition: LEANING CHAIR AGAINST WALL - RUBBING NECK

Mobility - Limp: _____ Stiffness: ✓ COMPLAINTS OF NECK/LB Posture: _____ Other: ✓ BACK

Describe: NEEDS NECK SUPPORT WHEN SITTING

Prosthetic aid (type): _____ Problems: _____

Demonstration of pain - Walking: _____ Standing: _____ Sitting: _____ Arising: _____

Visible scars - Yes: _____ No: _____ Location: _____

Physical/Mental Status

Previous Problems: (Illness, injuries, operations)

Date	Incidents	Residual Problems
<u>NONE</u>		

Physical/Mental Status

Current Problems

Item	No	Yes	Extent
Headaches/Dizziness		<u>✓</u>	<u>DIZZINESS - OCCASIONALLY 6Y IN LAST 8 MONTHS</u>
Chest Pain/Discomfort	<u>✓</u>		<u>MIGRAINES FREQUENT TO DAILY (L) SIDE LAST FOR WEEKS</u>
Back Pain/Discomfort		<u>✓</u>	<u>RADIATES TO LEFT LEG PAIN/NUMBNESS</u>
Stomach/Digestive Problems		<u>✓</u>	<u>CONSTIPATION</u>
Urination/Elimination	<u>✓</u>		
Sexual Dysfunction	<u>✓</u>		
Other		<u>✓</u>	<u>NECK, SHOULDERS</u>

Subjective Complaints: HANDS TINGLE - (L) WORSE

FEELINGS OF DEPRESSION / SUICIDAL IDEATION
NO PSYCHOTHERAPY OR PSYCHOTROPIC MEDS

Physical Status: Occurrence of Pain

Pain Location	Pain Frequency	Pain Intensity
LOWER BACK	DAILY	6/10
NECK	"	7-8/10
LEFT LEG	"	8/10
SHOULDERS	"	7-8/10
HEADACHES	"	8/10

Present Physical/Mental Treatment**Doctors/Treatments**

Doctor	Treatment	Date

Special techniques to relieve problems – (hot baths, PT, OT, exercise, traction):

HOT SHOWERS

PT DISCONTINUED B/C TNS. CONSERVE RAN OUT

CHIROPRACTIC - NO LONGER ABLE TO GO - TNS. RAN OUT

Present Medication/Dosages: LYRICA 50mg CAPS 1x/3x TIMES BACKPAIN 10mg 1x/2x

OPANA 5mg 1x AS NEEDED ESICL PLUS 3-4x DAY

AMITRIPTYLINE 10mg 1x/3x TIMES

Physician Comments:

NEUROSTIMULATOR / DORSAL

Special problems with environment:

Condition	No	Yes	Extent
Inside		✓	CLAUSTROPHOBIC
Outside		✓	NO CRAWLS,
Heat		✓	
Cold		✓	
Wet/Humid		✓	HUMIDITY INCREASE PAIN
Dusty/Dirty	✓		
Noisy		✓	
Heights		✓	
Vibrations		✓	

4/26/08

Name: Adonna Frometta Marital Status: Single Age: 40 Sex: Female
 Occupation: Private Flight Attendant + Education: GED + CPR + Rescue Safety
Waitress + Entertainer

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
 1 I feel sad much of the time.
 2 I am sad all the time.
 (3) I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
 (1) I feel more discouraged about my future than I used to be.
 2 I do not expect things to work out for me.
 (3) I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
 1 I have failed more than I should have.
 (2) As I look back, I see a lot of failures.
 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
 1 I don't enjoy things as much as I used to.
 (2) I get very little pleasure from the things I used to enjoy.
 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
 (1) I feel guilty over many things I have done or should have done.
 2 I feel quite guilty most of the time.
 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
 (1) I feel I may be punished.
 2 I expect to be punished.
 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
 1 I have lost confidence in myself.
 2 I am disappointed in myself.
 (3) I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
 (1) I am more critical of myself than I used to be.
 2 I criticize myself for all of my faults.
 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
 (1) I have thoughts of killing myself, but I would not carry them out.
 2 I would like to kill myself.
 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
 1 I cry more than I used to.
 2 I cry over every little thing.
 (3) I feel like crying, but I can't.

18

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
-
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
-
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual. *INSOMIA*
-
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
-
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
-
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
-
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

12 ABCDE

18 Subtotal Page 2

20 Subtotal Page 1

38 Total Score

SEVERE RANGE

NOTES

ADONNA FROMETA

4/26/08

ADL's - VERY LIMITED

NEEDS HELP W/ PERSONAL HYGIENE / HAIR IS
A CONCERN - SHE USES STYLERS BECAUSE OF DIFFICULTY
WASHING & COMING HER HAIR

PRIOR TO 2/14/07, SHE COULD DO IT HERSELF

- DIFFICULTY DRESSING IF ZIPPERS ARE IN BACK
- CARRYING WASH / DIRTY LAUNDRY TO & FROM LAUNDRY ROOM - PAINFUL
- ~~ESS~~ OUT TO LIGHTEN BURDEN ON AUNT
2X DAILY FOR MEALS OUTSIDE
- FOOD PREPARATION SUCH AS DICING, MINCING
- OPENING VACUUM PACKED CANS / BOTTLES - IMPOSSIBLE
- NEEDS SUPPORT IN BATHROOM W/ SHOWER

HAS ALTERNATES LIVING W/ MOTHER IN BRONX & AUNT
IN BROOKLYN - CURRENTLY LIVES W/ AUNT @

448 MYRTLE AVE #1A

BROOKLYN NY 11225

AUNT CARES FOR HER - CLEANS HER (NEEDS SEX)
BATHES HER, ACCOMPANIES HER TO BATHROOM, WASHES,
CLOTHES, PREPARES MEALS, MOVES CR TO AVOID TICKETS
DRESSES HER, DOES HER HAIR - EVERYTHING

APT - WALK UP 15 STEPS TO APT - 4 BDR 1 BATH K LR

6

Residence @ 233rd St. (Mooch)
on 1st floor 9 steps to walk up to enter
Bldg. 2 Bldgs. 1 Back

Stairs Pose Problem, She Stabs '6' Girds onto
Hand Rail for Balance.

3

RS medical RS-41 - Simulator
#4#
Serial # 41457697

4/26/08

Adonna Frometta -

Expert Witness Retention Contract

1. Parties. This contract is made between Dr. Charles A. Kincaid, Ph.D., CRC, ATP, ABVE, CLCP ("Expert") and the Law Offices of Slawek Platta ("Client"). The undersigned acknowledges that:

- Dr. Kincaid is an independent contractor and not the agent or employee of either the attorney or representative.
- Dr. Kincaid is being asked to provide his independent opinion as to the future vocational options / earnings capacity of the client and, as such, is not an advocate for the Client.
- Dr. Kincaid is being paid for his time and services in this regard in the following manner: (a) non-refundable retainer is being paid with the execution of this agreement, the receipt of which is hereby acknowledged; (b) The Client acknowledges the costs of the services provided by Dr. Kincaid under this agreement are expenses of litigation and that the Client remains ultimately liable for the costs of these services; (c) The undersigned representative personally guarantees payment of the sums due for the services Dr. Kincaid has provided; (d) This agreement shall be constructed under the law of the State of New Jersey.

2. Retention. The parties agree that Expert will only become retained by Client once this contract has been mutually executed and client has paid the initial non-refundable retention retainer as specified in previous paragraph.

3. Expert's Fees and Expenses. Scope of Work. Client shall check and initial all services requested:
Personal Injury:

- Vocational Evaluation and Earning Capacity Analysis to include: Interview, evaluation, comprehensive assessment of education and work history, testing, scoring, summarization of all medical records, review legal exhibits, tax returns, labor and employment contracts, critique reports from other experts, development of worker trait profiles and work experience using

Expert Witness Retention Contract

2

standard vocational references, Job-Person Matching using the McCroskey Transferable Skills Program, detailed narrative report of findings.

Retainer: \$3,500.00

Attorney's Initials here: _____

Due Date of Report: _____

- Life Care Plan to include: Interview, medical record review and summarization, pertinent medical history, contact with all medical doctors, evaluation of home and activities of daily living, costing research, medical team / provider comments, cost summarization and narrative Life Care Plan to be billed at an hourly rate of \$325.00 for the first ten hours, after which the hourly rate of \$200.00 shall apply.

Retainer: \$5,000.00

Attorneys Initials here: 

Due Date of Report: May 1, 2008

- Vocational Evaluation / Earning Capacity Analysis / Life Care Plan: To include all of the above listed services. Dr. Kincaid is being paid for his time in the following manner: (a) non-refundable retainer of \$5,000.00 is being paid with the execution of this agreement, of which \$3,500.00 is applied to the vocational report, and; (b) the balance of \$1,500.00 towards the Life Care Plan at the hourly rate of \$200.00.

Retainer: \$5,000.00

Attorney's Initials here: _____

Due Date of Report: _____ (Please allow a minimum of 45 days after receipt of all records.)

Matrimonial:

- Vocational Evaluation and Earning Capacity Analysis to include: Interview, evaluation, comprehensive assessment of education and work history, testing, scoring, review of legal exhibits, tax returns, labor and employment contracts, critique reports from other experts, development of worker trait profiles and work experience using standard vocational references, Job-Person Matching using the McCroskey Transferable Skills Program, detailed narrative report of findings.

Retainer: \$3,000.00

Initials of the individual in the matrimonial matter: _____

Due Date of Report: _____

Expert Witness Retention Contract

3

Workers Compensation / Social Security Disability:

- Vocational Evaluation and Earning Capacity Analysis abbreviated version to include: Interview, evaluation, comprehensive assessment of education and work history, testing, scoring, summarization of all medical records, review of legal exhibits, tax returns, labor and employment contracts, critique reports from other experts, development of worker trait profiles and work experience using standard vocational references, Job-Person Matching using the McCroskey Transferable Skills Program, detailed narrative report of findings.

Retainer for Workers Compensation: \$750.00

Retainer for Social Security Disability: \$2,500.00

Attorney's Initials here: _____

Due Date of Report: _____

Initials of the individual in the matter: _____

Depositions, Consultations, Critique of other Expert's Reports, Court Preparation:

- Hourly rate of \$325.00; Depositions are a three hour minimum to be paid in full in advance.

Court Appearances:

- Personal Injury: Half Day \$2,500.00 Full Day \$3,500.00
- Matrimonial: Half Day \$2,500.00 Full Day \$3,500.00

Surcharge:

- A surcharge of \$1,000.00 applies to all 'rush' matters (under thirty business days).

Due Date of Life Care Plan: _____

Attorneys Initials here: _____

4. Payment Terms. Under no circumstances does Expert assign financial obligations to third party carriers. All payments are to be made to:

Independent Medical Evaluation Services of New Jersey, Inc.

(d/b/a) Kincaid Vocational & Rehabilitation Services

One University Plaza ~ Suite 8

Hackensack, New Jersey 07601

Federal Taxpayer Identification Number: 22-3072657

- The retention retainer is non-refundable. This non-refundable amount is the minimum fee due to the Expert and is earned upon receipt of the matter.

- Expert agrees to invoice Client no less frequently than monthly for all Life Care Plans in progress.
- All invoices are payable upon receipt before further work proceeds on the Life Care Plan.
- There is no charge to post a trial date to Expert's Tentative Trial Calendar. Fees for any time Expert is required to *reserve* for testifying (at trial, depositions or other venue) must be paid in advance and in full five business days prior to the time reserved for the scheduled testimony.
- Client is responsible for collecting any and all deposition fees owed by other lawyers or parties.

5. Fees for Late Notice Cancellation or Rescheduling of Testimony.

- Client understands that Expert will suffer damages from late notice cancellation or rescheduling of Expert's testimony and that since the precise amount of these damages would be difficult to determine, Expert shall instead be entitled to the full fee.
- Fees for Court Appearances are 100% refundable to Client in the event Expert's scheduled testimony is cancelled or rescheduled with notice to Expert of two or more business days.
- In the event Expert's scheduled testimony is cancelled or rescheduled with one business days' notice, Expert may retain a cancellation fee of 50% of the amount.
- In the event of same day cancellation or rescheduling of Expert's Testimony or if Expert's testimony is completed in less time than was reserved, Expert may retain 100% of the fee.

6. Duties of Client. The Client's duties specifically include, but are not limited to:

- Abiding by the applicable rules of professional conduct for attorneys.
- Making all payments as specified in previous paragraphs.
- Providing Expert with copies of or access to all non-privileged, arguably relevant documents, evidence and other materials in the underlying legal matter.
- Notifying Expert of all parties and attorneys in the case so that Expert can check for conflicts of interests.
- Where circumstances reasonably allow, providing Expert with prompt notice of any Daubert motions, Frye motions, motions in limine, or other pre-trial motions made by other parties or persons to restrict, exclude or in any way limit Expert's testimony or Expert's participation in the underlying legal matter.

- Obtaining Expert's advance approval (for accuracy) of the relevant portions of any and all answers to interrogatories, motions, expert designations or other documents which summarize Expert's qualifications, methodology, opinion(s) and / or anticipated testimony.
- Promptly notifying Expert of when and where Expert may be requested to appear to testify.
- Promptly notifying Expert of the settlement or final adjudication of the underlying matter.

7. Duties of the Expert. The Expert's duties are:

- To truthfully represent Expert's credentials.
- To formulate with honesty and due care and truthfully express Expert's opinion(s) in those areas (and only those areas) where Expert feels qualified to render an opinion and where Client has requested an opinion. Client agrees that Expert's opinion(s) are not preordained, might be contrary to Client's position, and are subject to modification as a result of new or additional information.
- To cease work on the underlying matter where *Life Care Plans* are concerned and promptly inform Client whenever Expert has accrued unpaid fees and expenses totaling more than \$1,000.00. In this event, Expert shall not perform further work on the underlying legal matter until fees are paid in full.
- Expert is under no duty to provide and express opinions if Expert is given time deadlines or cost-based or other restrictions by Client that would not reasonably allow Expert to in good faith formulate and express his opinions with reasonable care.
- To retain and preserve (during this engagement) all evidence provided to Expert from the underlying legal matter unless client gives written permission for destruction.
- To be available on reasonable notice to testify.
- To be available to consult with Client. Expert's cellular number is (914) 924-4320.
- To work exclusively with Client in the underlying legal matter unless the parties mutually agree in writing otherwise.
- Upon receipt from Client of the list of attorneys and parties specified in previous paragraph, to within thirty days, check for conflicts of interest with due care and within the same thirty day period to notify Client of any conflicts of interest discovered that preclude Expert's further involvement in the underlying legal matter.

8. Expert's Right of Withdrawal from Case. Expert shall have the absolute right to withdraw, without any liability from the case if Client violates any of the duties previously specified or if: (a) Expert discovers a conflict of interest which precludes Expert's further involvement in the underlying legal matter, and; (b) Expert discovers that because of legal restrictions Expert's involvement or testimony in the case could reasonably be deemed to be practicing Expert's profession without a license.

9. Withdrawal. Notice of withdrawal under previous paragraph shall be in writing from Expert to Client. In the event of withdrawal, the parties agree that Client remains fully liable for all accrued but unpaid fees, expenses and interest.

10. Termination. This contract shall be terminated upon written notice to Expert from Client at any time, by Expert's withdrawal pursuant to previous paragraph, at such time as Client is no longer involved in the underlying legal matter, or upon the settlement or final adjudication of the underlying legal matter. In the event of termination Client is still responsible for all sums owed Expert.

11. Document / Evidence Retention. Expert shall have no duty to retain any documents, reports, evidence, transcripts, exhibits, e-mails, electronic files or other materials from the underlying legal matter for more than thirty days following the termination of this agreement. Expert shall return (at Client's expense) all records and evidence in the underlying legal matter to Client if a written request to do so is received by Expert within the thirty days following the termination of this agreement.

12. Disputes. Any controversy, claim or dispute arising out of or relating to this Contract, shall be resolved through binding arbitration conducted in accordance with the rules of the American Arbitration Association in the State in which the Expert is domiciled. The arbitration or court proceeding, the prevailing party shall be entitled to recover reasonable attorneys' fees and expenses associated with the Expert's efforts to collect monies owed under the terms of this Contract.

13. Miscellaneous. Each party agrees that it may not assign its interests, rights or duties under this Contract to any other person or entity without the other party's prior approval. (Expert is under no duty to work for successor law firms on the underlying legal matter). The performance of this contract by either party is subject to acts of God, death, disability, government authority, disaster or other

ExpertWitnessRetentionContract

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emergencies, any of which make it illegal or impossible to carry out the agreement. It is provided that this Contract may be terminated for anyone or more such reasons by written notice from one party to the other without liability. If either party agrees to waive its right to enforce any terms of this Contract, it does not waive its right to enforce any other terms of this Contract. This written Contract represents the entire understanding between the Expert and Client. The individual signing this contract on behalf of Client represents and warrants that he / she is duly authorized to bind Client.

14. Additional Provisions:

•
EXPERT, by

Charles A. Kincaid, Ph.D., CRC, ABVE, ATP, CLCP

Charles A. Kincaid

4/25/08

Signature of Expert

Date

CLIENT, by

Law Offices of Slawek Platta

Name of Law Firm

Slawek Platta

Name of Attorney

[Signature]

4/25/08

Signature of Attorney

Date

Adonna Frometa – 5/1/08

Telephone consultation with Dr. Ranga Krishna

He recommends follow-up evaluations with Ms. Frometa every 3 months.

Dr. Krishna indicated that Ms. Frometa will require MRI diagnostic imaging of the cervical and lumbar spine every 3-5 years and the assistance of a home health aide if she does not continue to receive help from family members.

Dr. Krishna agreed that Ms. Frometa would benefit from an exercise program designed by a personal trainer over a one year period and membership at a gym.

He agreed that Ms. Frometa would benefit from a Psychiatric and Psychological evaluation due to her depressed mood and psychological therapy over her lifetime.

Adonna Frometa- 4/28/08

Telephone consultation with Dr. Andrew Davy

He sees Ms. Frometa for follow-up every 6 weeks. The plan is to do a trial neurostimulator. If the trial goes well, they will do the implant. Thereafter, he will only need to see her every 5-7 years for battery change. He does not plan to do any more epidural injections, radio frequency ablation or facet injections.

He has prescribed the medications that are listed in the life care plan for pain. She would benefit from physical therapy after the implant 3x weekly for 4-6 weeks.

He was not sure if she needed home health care at this time. He felt that Ms. Frometa was coping with her medical issues and did not recommend psychological or psychiatric treatment.

He provided the following costs for the neurostimulator:

Trial:

\$17,000.00 for office use and equipment
\$12,000.00 surgeon fee

The trial is performed in his office.

Implantation:

\$12,000.00 for surgeon fee
\$30,000.00 for device
\$ 5,000.00 for facility/anesthesiologist

Battery replacement takes place every 5-7 years. Average cost \$25,000 for equipment and facility; surgeon fee \$12,000.00.


KINCAID VOCATIONAL & REHABILITATION SERVICES, INC.

One University Plaza, Suite 8 • Hackensack, New Jersey 07601
Tel: 201.343.0700 • Fax: 201.343.0757
www.kincaidvocational.com

April 29, 2008

Ramesh P. Babu, M.D.
530 First Avenue, Suite 7W
New York, NY 10016

RE: Adonna Frometa

Dear Dr. Babu:

We are preparing a Life Care Plan for your patient, Adonna Frometa at the request of attorney, Slawek Platta. In order to complete our plan, we need to obtain updated medical information regarding future treatment needs.

1. Follow up visits 4 times per year for 1 years.

What is the average cost for follow-up visits?

2. What type of diagnostic procedures do you recommend? NONE

MRI Cervical Spine _____ times per year for _____ years
CT Cervical Spine _____ times per year for _____ years
X-ray Cervical Spine _____ times per year for _____ years
MRI Lumbar Spine _____ times per year for _____ years
CT Lumbar Spine _____ times per year for _____ years
X-ray Lumbar Spine _____ times per year for _____ years
EMG /NCV Studies _____ times per year for _____ years
Other:

3. Physical Therapy 3 times per month for 1 years
Occupational Therapy 6 times per month for _____ years
Massage Therapy 0 times per month for _____ years
Chiropractic Treatment 0 times per month for _____ years
Do you recommend that she exercise at a local health club?

NA

4. Is there any specific type of equipment that you recommend for Ms. Frometa such as shower chair, adjustable bed, neck brace?

NONE

5. What medications are you currently prescribing for Ms. Frometa?

NONE

6. Do you anticipate recommending any future surgical procedures?

Further Spinal Surgery _____ NONE

7. Ms. Frometa indicates that she has difficulty with activities of daily living due to pain and her injuries. Do you recommend that she have home health assistance? NO
If so, how many hours per day? _____

8. Do you recommend that Ms. Frometa be treated by any of the following professionals?

Pain Management Specialist Y

Neurologist _____

Orthopedist _____

Psychologist _____

Psychiatrist _____

9. What type of complications related to her injuries may develop in the future for Ms. Frometa? NOT KNOWN

10. Based on her injury, do you anticipate that Ms. Frometa will have a normal life expectancy? Yes

Signed:


Ramesh Babu, M.D.

Please fax this information to me at: 407-281-0591. If you have any questions, please call at: 407-482-3725.

Thank you for your assistance.

**Leslie L. Watson, M.A., C.R.C.
Charles A. Kincaid, Ph.D., C.R.C., ATP, CVE, CLCP
Kincaid Vocational & Rehabilitation Services, Inc.
407-482-3725
FAX: 407-281-0591**

Preparing for Your Screening Test

Making the most of your
neurostimulation experience

Canada
Medtronic of Canada Ltd.
6733 Kitimat Road
Mississauga, Ontario L5N 1W3
Canada
Tel. 1-905-826-6020
Fax 1-905-826-6620

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Medtronic
When Life Depends on Medical Technology

Additional Information

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The Importance of Talking with Your Doctor About Neurostimulation

As with any treatment, side effects can occur. Talk with your doctor about possible side effects of neurostimulation. The most common side effects include: no stimulation resulting in a loss of pain relief due to lead migration or other causes; intermittent stimulation; stimulation in the wrong location; uncomfortable stimulation, described by some patients as shocking or jolting; pain at the stimulator site; allergic response to the system; programmer or telemetry problems. Neurostimulation does require surgery. Device complications may require additional surgery to repair or replace parts of the system. As with any surgery, some risks, including the risk of infection, exist. Serious adverse effects occur rarely, but include hematoma or paralysis. Talk to your doctor about all the benefits and possible side effects of neurostimulation.

References

1. North R, Kidd D, Zuhurak, M, et al. Spinal Cord Stimulation for Chronic, Intractable Pain: Experience Over Two Decades. *Neurosurgery* 1993;32:384-395.
2. Burchiel K, Anderson V, et al. Prospective, Multicenter Study of Spinal Cord Stimulation for Relief of Chronic Back and Extremity Pain. *Spine* 1996;21:2786-2794.
3. Kumar K, Toth C, Nath R, et al. Epidural Spinal Cord Stimulation for Treatment of Chronic Pain—Some Predictors of Success. A 15-Year Experience. *Surg Neurol* 1998;50:110-121.
4. Devulder J, De Laat M, Van Bastelaere M, et al. Spinal Cord Stimulation: A Valuable Treatment for Chronic Failed Back Surgery Patients. *J Pain Symptom Manage* 1997;13:296-301.
5. De La Porte C, Van de Kelft E. Spinal Cord Stimulation in Failed Back Surgery Syndrome. *Pain* 1993;52:55-61.
6. Turner J, Loeser J, Bell K. Spinal Cord Stimulation for Chronic Low Back Pain: A Systematic Literature Synthesis. *Neurosurgery* 1995;37:1088-1096.

Important Safety Information

BRIEF SUMMARY: Product technical manual must be reviewed prior to use for detailed disclosure.

INDICATIONS: The Medtronic Irel®, Synergy™, Synergy Versitrel™, X-trel® and Matrix® Neurostimulation systems are indicated as an aid in the management of chronic, intractable pain of the trunk and/or limbs. X-trel and Matrix Receiver Model 3272 systems are also indicated for peripheral nerve stimulation. Peripheral nerve stimulators are used to stimulate electrically a peripheral nerve in patients to relieve severe intractable pain.

CONTRAINDICATIONS: Unsuccessful pain relief during trial stimulation of the spinal cord or peripheral nerve, or inability of patients to properly operate the system. The X-trel and Matrix systems also are contraindicated for patients with an implantable cardiac pacemaker or cardioverter/defibrillator, or for those patients who will be exposed to magnetic resonance imaging (MRI). Also, diathermy (e.g., shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy's energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.

WARNINGS/PRECAUTIONS/ADVERSE EVENTS: Safety has not been established for pregnancy or pediatric use. Patients should not drive or use dangerous equipment during stimulation. Systems may be affected by or



For more information, visit www.medtronicscreeningtest.com



Medtronic
When Life Depends on Medical Technology

United States of America
Medtronic Neurological
710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Internet: www.medtronic.com
Tel. 763-505-5000
Fax 763-505-1000
Toll-free 1-800-328-0810

Europe
Medtronic Europe Sàrl

Asia-Pacific
Medtronic International, Ltd.
Suite 1602 16/F
Manulife Plaza
The Lee Gardens
33 Hysan Avenue
Causeway Bay
Hong Kong
Tel. 852-2891-4456
Fax 852-2891-6830

Australia

Canada
Medtronic of Canada Ltd.
6733 Kitimat Road
Mississauga, Ontario L5N 1W3
Canada
Tel. 1-905-826-6020
Fax 1-905-826-6620

Resource List for Adonna Frometa-05/01/08

Pain Management Specialist

Andrew Davy, M.D.

1513 Voorhes Avenue

Brooklyn, NY

718-377-8877

Spoke with Dr. Davy

Initial and follow-up appts average \$400.00

Dr. Stuart Kahn

10 Union Square E #5P

New York, NY

212-844-8756

Spoke with receptionist

-Initial consultation: \$350.00

-Follow-ups: \$150.00- \$250.00

-Epidural Injections: \$650.00 and up

University Pain Center

95 University Pl FL 8

New York, NY

212-604-1300

Spoke with Marie

-Initial consultation: \$500.00

-Follow-ups: \$110.00- \$125.00

\$400.00

\$350.00

\$500.00

Total: \$1250 divided by 3= \$416.66/pain management

\$400.00

\$200.00

\$117.50

Total: \$717.50 divided 3 = \$239.16/follow-up

Neurologists

Dr. Harold Weinberg, MD

650 First Ave

Dept of Neurology (NYU Medical Center)

New York, NY 10016

212-213-9339

Spoke with receptionist

-Initial consultation: \$450.00

-Follow-ups: \$200.00

Roosevelt Hospital Center

1000 Tenth Ave

New York, NY 10019

212-523-6770 (Neurology)

Spoke with receptionist

-Initial consultation: \$500.00

-Follow-ups: \$150.00

Dr. Raymond Coll, MD

1365 York Ave

New York, NY

212-249-0840

Spoke with receptionist

-Initial consultation: \$575.00

-Follow-ups: \$285.00

Internal Medicine

Manhattan Internal Medicine Associates

145 E 32nd Street #303

New York, NY

212-725-5300

Spoke with receptionist

-Initial consultation: \$250.00

-Follow-ups: \$100.00

Westside Internal Medicine Associates

620 Columbus Ave

New York, NY

212-874-6600

Spoke with receptionist

-Initial consultation: \$250.00

-Follow-ups: \$125.00

Stephan Siegel, M. D.

3 East 71st Street

New York, NY 10021

212-879-8000

Spoke with receptionist

-Initial consultation: \$250.00

-Follow-ups: \$150.00

Chiropractors

Broadway Chiropractic

1410 Broadway

New York, NY

212-354-2225

Spoke with Cindy

-Initial consultation: \$150.00

-Follow-ups: \$75.00

57th Chiropractic

225 W 57th Street #403

New York, NY

212-977-7094

Spoke with receptionist

-Initial consultation: \$100.00

-Follow-ups: \$54.00

New York Chiropractic Life

91 Central Park W

New York, NY

212-580-3350

Spoke with receptionist

-Initial consultation: \$210.00

-Follow-ups: \$87.00

Cardiologists

Interventional Cardiologists

161 Fort Washington Ave

New York, NY

212-305-1581

Spoke with receptionist

-Initial consultation: \$700.00

-Follow-ups: \$400.00

Cardiology Associates

525 E 68th Street #4

New York, NY

212-746-2150

Spoke with receptionist

-Initial consultation: \$300.00- \$600.00 plus \$120.00
for EKG

-Follow-ups: \$80.00-\$300.00

Staten Island Heart

50 Seaview Ave

New York, NY

718-663-7000

Spoke with receptionist

-Initial consultation and follow-ups: approximately
\$250.00 per visit

Podiatrists

Midtown West Podiatry Associates

162 W 56th Street #303

New York, NY

212-245-8066

Spoke with receptionist

-Initial consultation: \$125.00

-Follow-ups: \$75.00

Amazing Feet Podiatry Group

1 Penn Plaza #1707

New York, NY

212-279-0086

Spoke with receptionist

-Initial consultation: \$150.00

-Follow-ups: \$85.00- \$125.00

Midtown 57th Foot and Ankle Specialties

119 W 57th Street #717

New York, NY

212-397-3111

Spoke with receptionist

-Initial consultation and follow-ups are \$75.00 per visit

Psychologist

Leonard Hausman, Ph.D.

26 West 9th Street #8C

New York, NY

212-460-8545

Spoke with physician referral services from St. Vincent's
Counseling \$120/session

Roosevelt Hospital Center

1000 Tenth Ave

New York, NY 10019

(212) 523-3996

Spoke with Diane

Initial consultation with Psychologist: \$175.00- \$250.00
(\$212.50)

Follow-ups: \$75.00- \$150.00 (\$112.50)

Stanley Hoffman, Ph.D.

829 East 18th Street

Brooklyn, NY

718-434-5932

Counseling \$100/session

\$120.00

\$212.50

\$100.00

Total: \$432.50 divided by 3= \$144.16/eval

\$120.00

\$112.50

\$100.00

Total: \$232.50 divided by 3= \$77.50/session

Psychiatrists

Dr. Milton Sirota, MD

80 Wall Street #1001

New York, NY

212-363-5648

Spoke with receptionist

-Initial consultation: \$250.00

-Follow-ups: \$200.00

Solstice Psychiatric Consulting, P.C.

Dr. Vatsal Thakkar, MD

304 Park Ave South, 11th Floor

New York, NY 10010

877-657-8423

Spoke with receptionist

-Initial consultation: \$400.00

-Follow-ups: \$200.00

Dr. Ronen Hizami, MD

1817 Avenue P

Brooklyn, NY 11229

718-645-5138

Spoke with receptionist

-Initial consultation: \$350.00

-Follow-ups: \$175.00

\$250.00

\$400.00

\$350.00

Total: \$1,000 divided by 3= \$333.33

\$200.00

\$200.00

\$175.00

Total: \$575 divided by 3= \$191.66/psychiat

Neuropsychologists

Integrative NeuroPsychiatric Services of New York*

30 West 63rd Street

New York, NY 10023

212-315-1755

Spoke with receptionist

-Initial consultation: \$750.00

-Neuropsychological testing: approximately \$5,000.00 and takes about 12 hours

*This is a Neuropsychiatrist's office that has a Neuropsychologist that administers the neuropsychological testing

NYU Comprehensive Epilepsy Center

403 E 34th Street

New York, NY 10016

212-263-8317

Spoke with receptionist

-Neuropsychological testing: \$2,000.00 and this price includes consultation fee

NeuroRehabilitation & Neuropsychological Services, P.C.

1035 Park Blvd

Suite 2B

Massapequa Park, NY 11762

37 miles from NYC

516-799-8599

Spoke with Elva

-Initial consultation: \$250.00

-Follow-ups: \$85.00

-Neuropsychological Testing: approximately \$2,000.00

Physical Therapy

Physiofitness Physical Therapy

584 Broadway Ste 710

New York, NY 10012

(212) 941-0503

Spoke with receptionist

Initial consultation: \$150.00

Follow-ups: \$100.00

Professional Orthopedic and Sports Physical Therapy

97 Greenwich Ave at West 12th Street

New York, NY 10014

212-741-9288*

Spoke with Danielle

-PT evaluation: \$150.00

-PT follow-ups: \$100.00

*This is the PT facility that matches the phone # they wanted us to call, but it is not ProFitness PT

Paspa Physical Therapy

131 W 35th Street #12

New York, NY

212-967-5337

Spoke with Michelle

-PT evaluation: \$125.00

-PT follow-ups: \$100.00

\$150.00

\$150.00

\$125.00

Total: \$425 divided by 3= \$141.66/PT eval

\$100.00

\$100.00

\$100.00

Total: \$300 divided by 3= \$100/session

Occupational Therapy

Sports Therapy and Rehabilitation

160 East 56th Street

New York, NY

212-355-7827

Spoke with Jennifer

OT Evaluation \$175

OT \$125/session

Park Slope Occupational Therapy

240 Berkeley PL

Brooklyn, NY

718-636-2212

Spoke with receptionist

-OT evaluation: \$150.00

-OT follow-ups: \$100.00

Mt. Sinai Medical Center

OT Eval \$200.00

OT \$150 -\$180/session (\$165.00)

\$175.00

\$120.00

\$200.00

Total: \$495 divided by 3= \$165/OT Eval

\$125.00

\$90.00

\$165.00

Total: \$380 divided by 3= \$126.66/OT session

Massage Therapy

Village Chinese Therapy Center

45 E 7th Street

New York, NY

212-598-1099

Spoke with male

-\$45.00 for 1 hour massage

Ohm Spa (01/07/08)

260 5th Ave 7th Floor
New York, NY 10001
212-481-7892

Spoke with Lori

-Therapeutic Massage ranges in cost from \$75.00 for 30 minutes to \$179.00 for 90 minutes (one hour massage is \$129.00)

Manhattan Total Health (01/07/08)

57 West 57th

Suite 1012

New York, NY 10019

212-906-0140

Spoke with Olivia

-This is a medical office; you must first see the doctor before getting a massage

-Initial consultation with physician plus massage: \$200.00

-Follow-ups: (massage only): \$80.00

\$45.00

\$129.00

\$80.00

Total: \$254 divided by 3= \$84.66/massage

Health Clubs

YMCA

125 W 14th Street

New York, NY

212-741-9210

Spoke with female receptionist

-Monthly membership fee: \$86.00 per month

Personal Training \$65/each \$260/month for 1x weekly.

Eastern Athletic Club

43 Clark Street

Brooklyn, NY

718-625-0500

Spoke with marketing dept

\$110/month for single membership

Equinox Fitness at Greenwich

97 Greenwich Ave

New York, NY

212-620-0103

Spoke with Tim

-Monthly membership fee: \$170.00 per month

\$86.66

\$110.00

\$170.00

Total: \$366.66 divided by 3= \$122.22/mth gym

MRI

Dove Open MRI

604 2nd Avenue

New York, NY 10016-

(212)683-6200

MRI Cervical \$1,200.00

MRI Lumbar Spine \$1,200 includes radiologist fee

Stand Up MRI

2671 86th St

Brooklyn, NY

(718) 331-7733

Spoke with Receptionist

MRI Cervical Spine \$600.00

MRI Lumbar Spine \$600.00

Diagnostic Radiology Associates

230 West 17th Street #1

New York, NY

212-989-8999

Spoke with receptionist

MRI Cervical Spine \$2,270.00 includes reading fee

MRI Lumbar Spine \$2,290.00 includes reading fee

Cervical

\$1,200.00

\$600.00

\$2,270.00

Total: \$4,070 divided by 3= \$1,356.66/Cervical Spine MRI

\$1,200.00

\$ 600.00

\$2,290.00

Total: \$4,090 divided by 3= \$1,363.33/MRI Lumbar Spine

Diagnostics

Diagnostic Radiology Associates

230 West 17th Street #1

New York, NY

212-989-8999

Spoke with receptionist/scheduling dept
X-ray Cervical Spine \$150 includes reading

Lerman Diagnostic Imaging

6411 Fort Hamilton Pkwy

Brooklyn, NY

718-491-4545

Spoke with receptionist

X-ray cervical spine \$75.00 includes reading

Hillcrest Radiology

8015 164th Street

Jamaica, NY

718-380-6010

Spoke with Appointment Secretary

X-ray Cervical Spine \$135.00 includes reading fee

Cervical Spine X-ray

\$150.00

\$ 75.00

\$125.00

Total: \$350 divided by 3= \$116.66/x-ray cervical spine

Diagnostic Radiology Associates

230 West 17th Street #1

New York, NY

212-989-8999

Spoke with receptionist/scheduling dept

X-ray Lumbar Spine \$150 includes reading

Lerman Diagnostic Imaging

6411 Fort Hamilton Pkwy

Brooklyn, NY

718-491-4545

Spoke with receptionist

X-ray lumbar spine \$75.00 includes reading

Hillcrest Radiology

8015 164th Street

Jamaica, NY

718-380-6010

Spoke with Appointment Secretary

X-ray Lumbar Spine \$125.00 includes reading fee

\$150.00

\$75.00

\$135.00

Total: \$360 divided by 3= \$120/x-ray lumbar spine

Housecleaning

Good Impressions Cleaning (I checked these prices on their website and they are the same)

www.goodimpressionscleaning.com

72 Boyd Street

Staten Island, NY 10304

212-810-0593

They do service New York City

Spoke with receptionist to verify web pricing; she could not say how much of a discount, if any, would be given for service every week or every other week

-Hourly rate: \$20.00 per hour for one cleaner with 3 hour minimum; 4 hours and up is \$35.00 per hour for 2 cleaners; rates may vary depending on number of bathrooms and closets present

-The following estimates are made on the basis of one cleaner per job; client may choose to have a team of 2 or 3 cleaners to cut cleaning time in half at a discounted rate:

Studio, 4 hours: \$76.00
1 bedroom, 5 hours: \$86.00
2 bedrooms, 6 hours: \$100.00
3 bedrooms, 7 hours: \$115.00
4 bedrooms, 8 hours: \$130.00
5 bedrooms, 8.5 hours: \$145.00

A New York Cleaning Company

www.anewyorkcleaningcompany.com

2325 65th Street

Suite C1

Brooklyn, NY 11204

They do service NYC

Spoke with receptionist

718-431-3415

Spoke with receptionist

-Residential cleaning rate: \$60.00 for 3 rooms, each additional room is \$10.00; they are booked for service every other week right now, but said slots should open in a couple of months

Oxford Maids, LLC

11th Floor 545 8th Ave

New York, NY

212-532-0308

Spoke with receptionist

-Initial clean: about \$167.00 for a 3 bedroom, 2 bathroom apartment in NYC

-Weekly service: about \$124.00 per week; firm weekly quote would be given after initial clean

Diagnostic Imaging

New York Presbyterian Hospital

622 West 168th Street

New York, NY 10032

(212) 305-2500

Spoke with radiology receptionist

X-ray cervical lumbar and thoracic spine can range from
\$550 - \$750 including reading fee (\$650)

X-rays

\$650

MRI Lumbar Spine

Diagnostic Radiology Associates

230 West 17th Street #1

New York, NY

212-989-8999

Spoke with receptionist

MRI Lumbar Spine \$1,150

Includes reading fee

Dove Open MRI

604 2nd Avenue

New York, NY

212-683-6200

Spoke with receptionist

MRI Lumbar Spine \$1,200.00 includes reading fee

Kingsway Diagnostic Imaging

3131 Kings Hwy

Brooklyn, NY

718-758-1500

Spoke with receptionist

MRI lumbar spine \$1,800.00 includes reading fee

\$1,150.00

\$1,200.00

\$1,800.00

Total: \$4150.00 divided by 3= \$1,383.33/MRI Lumbar Spine

Acupuncture

Aiyana Acupuncture & Chinese Herbs

41 Union Square West

New York, NY

212-894-0767

Spoke with receptionist

-Initial visit: \$225.00

-Follow-ups: \$115.00

Acupuncture for Natural Healing- New York City

119 W 57th Street Suite511

New York, NY

212-974-2880

Spoke with receptionist

-Initial treatment: \$100.00

-Follow-ups: \$75.00

Manhattan Acupuncture Clinic

31 W 26th Street, 2nd floor

New York, NY

917-968-6456

Spoke with Alida

-All sessions are \$90.00 per session (free consultation)

\$115.00

\$75.00

\$90.00

Total: \$280 divided by 3= \$93.33/session

New York, NY – Medications – 04/27/08

www.drugstore.com

-No Opana; only Opana ER

-Baclofen 10mg, 90 count: Brand is \$34.97; (they do not list the generic price for this)

-Lyrica 50mg, 30 count: \$69.99

-Esgic-Plus 120 count: \$220.45 for the brand;
\$62.65 for the generic

-Amitriptyline Hcl 10mg, 90 count: \$11.99

CVS

129 Fulton Street

New York, NY

212-233-5023

Spoke with pharmacy

-Amitriptyline Hcl 10mg, 30 count: \$10.99

-Esgic-Plus 120 count: \$151.99 for Brand; \$116.99
for generic

Walgreens

1000 2nd Ave
New York, NY
212-752-1909
Spoke with pharmacy

-Amitriptyline Hcl 10mg, 30 count \$11.99

-Esgic-Plus 120 count: \$239.99 for brand; \$181.19
for generic

CVS

75 Christopher Street
New York, NY
212-627-2662
Spoke with pharmacy

-Lyrica 50mg, 30 count: \$76.59

-Baclofen 10mg, 90 count: \$34.29

Walgreens

350 5th Ave
Manhattan, NY
212-868-5659
Spoke with pharmacy

-**Lyrica** 50mg, 30 count: \$87.39

-**Baclofen** 10mg, 90 count: \$40.19

Walgreens

1191 3rd Ave

New York, NY

212-861-0291

Spoke with pharmacy

-**Opana** 5mg, 90 count: \$239.09

CVS

400 West 58th Street

New York, NY

212-245-0636

Spoke with pharmacy

-**Opana** 5mg, 90 count: \$229.99

Rite Aid

301 W 50th Street

New York, NY

212-247-8384

Spoke with pharmacy

-**Opana** 5mg, 90 count: \$186.99

Lyrica

\$69.99

\$76.59

\$87.39

**Total: \$233.97 divided by 3= \$77.99 divided by
30ct= \$2.60/pill x 365= \$949.00/year**

Baclofen

\$34.97

\$34.29

\$40.19

**Total: \$109.45 divided by 3= \$36.48 divided by
90ct= \$.41 x 3/day= \$1.23/day x 365=
\$448.95/year**

Opana

\$239.09

\$229.99

\$186.99

**Total: \$656.07 divided by 3= \$218.69 divided by
90ct= \$2.43/pill x 3= \$7.29/day x 365=
\$2,660.85/year**

Amitriptyline HCL

\$11.99

\$10.99

\$11.99

**Total: \$34.97 divided by 3= \$11.66 divided by
30ct= \$.39/pill x 365= \$142.35/year**

Esgic Plus

\$62.65

\$116.99

\$181.19

**Total: \$360.83 divided by 3= \$120.28 divided by
90ct= \$1.34/pill x 3/day= \$4.02/day x 365=
\$1,467.30/year**

Home Health Care

Bayada Nurses

252 W 38th St

New York, NY

212-354-9400

Spoke with receptionist

-HHA: \$20.00 per hour

Live-in rate for HHA averages \$230/day

Partners in Care

1250 Broadway

New York, NY 10001

212-609-7700

Spoke with Raymond

-HHA: \$17.00 per hour

-Live-in rate for HHA: \$238.00 per day

-RN visits: \$85.00 per visit

-PT visits: \$85.00- \$100.00 per visit

Continuity Home Health Care

121 W 11th St
New York, NY 10011
212-625-2547
Spoke with receptionist
-HHA rate: \$15.00 per hour
Live-in if available averages \$235/day

\$230.00
\$238.00
\$235.00
Total: \$703 divided by 3= \$234.33/day

Hourly
\$20.00
\$17.00
\$15.00
Total: \$52 divided by 3= \$17.33/hour
These rates are for the Brooklyn, NY area

Shower Chair w/back
Care One Home Medical Equipment Inc.
2230 1st Ave
NY, NY 10029
(212) 491-1234
Spoke with Karena
-Shower Chair with Back: \$45.00

www.sammonspreston.com
\$59.95
www.allegromedical.com
I-fit shower chair w/ back \$39.00

\$45.00
\$59.95
\$39.00
Total: \$143.95 divided by 3= \$47.98/chair

Hand Held Shower

www.sammonspreston.com

\$56.95

www.southwestmedical.com

hand held shower \$35.23

Care One Home Medical Equipment Inc.

2230 1st Ave

NY, NY 10029

(212) 491-1234

Spoke with Karena

Hand held shower \$30.00

\$23.49

\$35.23

\$30.00

Total: \$88.72 divided by 3= \$29.57/hand held shower

Reacher

www.dynamic-living.com

\$24.99

www.activeforever.com

\$17.95

Care One Home Medical Equipment Inc.

2230 1st Ave

NY, NY 10029

(212) 491-1234

Spoke with Karena

Reacher \$20.00

\$24.99

\$17.95

\$20.00

Total: \$62.94 divided by 3= \$20.98/reacher

Cane

Care One Home Medical Equipment Inc.

2230 1st Ave

NY, NY 10029

(212) 491-1234

Spoke with Karena

Cane \$35.19

www.sammonspreston.com

\$20.95 adjustable cane

www.dynamic-living.com

\$19.99 adjustable cane

\$35.19

\$20.95

\$19.99

Total: \$76.13 divided by 3= \$25.38/cane

RS Medical

www.rsmedical.com

14001 SE First Street

Vancouver, WA 98684

800-683-0353

Spoke with Kim

-Purchase price of RS-4i Stimulator is \$2,495.00

-The set of 8 pads on this unit must be replaced about once a month; a set of 8 pads sells for \$80.00 per set

-The battery must be replaced on the unit every 2-5 years; the cost of the battery is \$49.95

-Kim would not estimate replacement time of the unit; she said it is too variable based on client use and any issues that would come up with the unit; I asked her if 7 years would be a reasonable replacement time and she said she could not say, it would just depend on the use of the unit and patient care of the unit

Cervical Support Cushion

<http://www.painreliever.com> \$16.88 cervical support pillow

www.sitincomfort.com

Cervical Pillow \$49.00

www.walgreens.com/store/productlist.jsp?CATID=303936

Therapeutic Neck Pillow \$29.99

\$16.88

\$49.00

\$29.99

Total: \$95.87 divided by 3= \$31.96/pillow

Adjustable Bed

www.flexabed.com

Full Size Bed \$2,300.00.

<http://www.livingincomfort.com/mm27039.html>

\$1,095 (twin) -\$1,445.00(Full)

Adonna Frometa
Additional Sources-05/01/08

Neurosurgeon

Manhattan Neurosurgical Associates

8413 13th Avenue
Brooklyn, NY
718-234-0979
Spoke with Tanya
Initial Evaluation \$400.00
Follow-up visit \$200.00

New York Neurosurgery Associates

1 Brookdale Plaza
Brooklyn, NY
718-639-3455
Spoke with receptionist
Initial Evaluation \$250.00
Follow-up \$250.00

Central Park Neurosurgery

1148 5th Avenue
New York, NY
212-876-7575
Spoke with receptionist
Initial Evaluation \$550.00
Follow-up \$250 - \$300.00

Follow-up
\$200.00
\$250.00
\$200.00
Total: 650 divided by 3= \$216.66/follow-up visit

CHARLES A. KINCAID, Ph.D., ABVE, CRC, ATP, CLCP

Vocational Rehabilitation Counselor

One University Plaza ~ Suite 8

Hackensack, NJ 07601

Phone (201) 343-0700

Fax (201) 343-0757

ckincaid@kincaidvocational.com

www.kincaidvocational.com

EDUCATIONAL BACKGROUND

- | | |
|-----------|--|
| 2003-2004 | Certificate in Life Care Planning
Capital University Law School, Columbus, Ohio |
| 1992-1997 | Doctor of Philosophy (Ph.D.) in Rehabilitation Counseling
Syracuse University, Syracuse, New York |
| 1987-1990 | M.S. in Criminal Justice Administration
University of Wisconsin, Milwaukee, Wisconsin |
| 1986-1987 | Certificate in Rehabilitation Management
DePaul University, Chicago, Illinois |
| 1971-1975 | B.A. in Psychology
University of Wisconsin, Milwaukee, Wisconsin |

PROFESSIONAL LICENSURE AND CERTIFICATIONS

Licensed Rehabilitation Counselor, State of New Jersey, Department of Law and Public Safety, Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee (License #RC 00042).

Certified Rehabilitation Counselor (CRC) Board of Rehabilitation Counselor Certification, 2000, valid through September 2010 (Certification #038502).

Certified Vocational Expert (CVE). Fellow, American Board of Vocational Experts, valid through June 30, 2009.

Certified Life Care Planner (CLCP), Commission on Health Care Certification, 2004, valid through 2012 (Certification #0712).

Assistive Technology Practitioner (ATP), Rehabilitation Engineering and Assistive Technology Society of North America, 1999 and valid through 2010.

PROFESSIONAL EMPLOYMENT EXPERIENCE

2006-Present

Vocational Rehabilitation Counselor and Evaluator, Life Care Planner, Kincaid Vocational & Rehabilitation Services, Hackensack, New Jersey.

Provide vocational evaluation, counseling, employability assessment and work capacity evaluation services, life-care planning and vocational rehabilitation planning services to those with physical and mental challenges.

Evaluate clients to determine employability, job placement, wage earning capacity for plaintiff and defense counsel in civil litigation, including Social Security Disability, Worker's Compensation, Matrimonial, Personal Injury, Jones Act, Employment Discrimination and Longshoreman Cases.

Provide career counseling, job seeking skills instruction, resume preparation, career-life planning and strategic/targeted job search planning to those with and without challenges.

2000-2006

Vocational Rehabilitation Counselor and Evaluator, Vocational Consulting Group, Springfield, New Jersey.

Provide vocational evaluation, counseling, employability assessment and work capacity evaluation services, life-care planning and vocational rehabilitation planning services to those with physical and mental challenges.

Evaluate clients to determine employability, job placement, wage earning capacity for plaintiff and defense counsel in civil litigation, including Social Security Disability, Worker's Compensation, Matrimonial, Personal Injury, Jones Act, Employment Discrimination and Longshoreman and Harbor Worker's Cases.

Provide career counseling, job seeking skills instruction, resume preparation, career-life planning and strategic/targeted job search planning to those with and without challenges.

2002-2005

Adjunct Professor, William Paterson University, Department of Special Education, Wayne, New Jersey.

Develop curriculum and teach undergraduate and master's level students in assistive technology principles and practices.

- 1999-2000 Coordinator of Assistive Technology Services, United Cerebral Palsy of New York City, Inc., New York, New York.
- Coordinated assistive technology services to clients in pre-school, residential, day habilitation, day care, vocational rehabilitation and supported employment programs.
- 1998-2000 Vocational Rehabilitation Counselor, Self-employed consultant to Long-term disability insurance carriers and to Apex Rehab Management, Brooklyn, New York.
- Provided vocational rehabilitation evaluation, case management, job analysis, and transferable skills analysis services to individuals receiving long-term disability benefits.
- 1997-1999 Director, New York City Regional Technology Related Assistance for individuals with Disabilities (TRAID) Center, United Cerebral Palsy of New York City, Inc.
- Managed program providing information and referral, training and assistive technology consultation services to individuals with disabilities.
- Trained over 1,000 teachers, therapists and administrators from the New York City Board of Education in the principles and practice of assistive technology.
- Evaluated assistive technology needs in work sites and homes of individuals with disabilities.
- 1997-1998 Vocational Rehabilitation Counselor, Stickney Rehabilitation Services, Syracuse, New York.
- Provided vocational rehabilitation evaluation, job analysis, labor market survey and transferable skills analysis services to individuals receiving long-term disability benefits.
- 1995-1997 Adjunct Instructor, Rehabilitation Counseling Department, Syracuse University, Syracuse, New York.
- Developed curriculum and taught master's level students in job placement, job development and assistive technology courses.
- 1996-1998 Coordinator/Instructor, New York State Office of Mental Health, Self-Empowerment Through Technology Project, Syracuse, New York.

- Developed vocational and self-improvement computer training center for individuals with mental illness.
- Taught Computer technology, grant writing and computer lab management course.
- 1994-1995 Program Evaluation Specialist, Hutchings Psychiatric Center, Syracuse, New York.
- Facilitated quality improvement projects for vocational rehabilitation and pharmacy departments.
- 1993-1994 Teaching Associate, Rehabilitation Counseling Department, Syracuse University, Syracuse, New York.
- Developed curriculum and taught master's level students in job placement, job development and assistive technology courses.
- 1992-1994 Consultant, Rehabilitation Counseling Department, Syracuse University, Syracuse, New York.
- Provided program evaluation and grant writing services for rehabilitation counseling department.
- 1992-1994 Consultant, Voluntary Hospitals of America Upstate New York, Inc., Syracuse, New York.
- Conducted statistical analysis of performance data for hospitals located in central New York.
- 1988-1991 Research Director, Wisconsin Correctional Service, Milwaukee, Wisconsin.
- Developed a comprehensive Research Department from a one-person operation.
- Co-facilitated a group of criminal justice decision-makers developing program alternatives for addressing overcrowding conditions in Milwaukee County Jails, including a system of day fines and community support services.
- Acted as principal investigator for federally-funded research projects studying pretrial prediction guidelines and a model program for offenders with dual disabilities.

1978-1988 Rehabilitation Analyst, Wisconsin Correctional Service,
Milwaukee, Wisconsin.

Provided vocational rehabilitation, pretrial intervention and
monitoring services for individuals with alcohol, drug and
psychiatric disabilities.

PROFESSIONAL ORGANIZATIONS

Member, National Rehabilitation Association (NRA). Member since 1994.

Member, International Association of Rehabilitation Professionals (IARP). Member
since 1994.

Member, American Board of Vocational Experts (ABVE). Member since October, 2000.

PRESENTATIONS

“Beginning Computer Adaptations”
Tech Works Expo 2005 An Assistive Technology Exhibition & Conference

“Intermediate Computer Adaptations”
Tech Works Expo 2005 An Assistive Technology Exhibition & Conference

“Assistive Technology”
American Board of Vocational Experts, 2005

“Augmentive Methods and Assistive Technology.”
New York University School of Medicine
Epilepsy and Developmental Disabilities Conference, 1999

“Understanding and Using Assistive Technology Recommended on IEP’s.”
New York City Board of Education, 1999

“Solutions for Assistive Technology and Augmentative Communication Needs of
Individuals with Cerebral Palsy.
Stanley S. Lamm Institute for Child Neurology & Developmental Medicine, 1999

“Assistive Technology in the Home: Adaptive Equipment and Home Modifications to
Improve Your Life.”
Living Better Expo, 1999

“Assistive Technology and Job Place Accommodations.”
National Association of Rehabilitation Professionals in Private Sector, 1998

“Self-Empowerment Through Technology.”

New York State Governor’s Conference on Technology, 1998

“Self-Empowerment Through Technology.”

United Cerebral Palsy State Association Conference, 1997

“Quality of Life Issues for Persons with Traumatic Brain Injuries.”

American Public Health Association National Conference, 1996

“Preventing Secondary Conditions in Persons with Traumatic Brain Injuries.”

American Public Health Association National Conference, 1996

“Guidelines for Persons with Disabilities in How to Avoid Becoming a Victim of Violence.”

CDC National Violence Prevention Conference, 1995

“Demystifying Rehabilitation Research.”

New York State Hutchings Psychiatric Center, Staff Training, 1995

“A Multi-Cultural Approach to Drug Abuse Prevention.”

New York State Association for Counseling and Development, Inc., Conference, 1994

“Aging and the Workforce: Towards a Positive Perspective.”

Society for Research in Adult Development - Ninth Annual Adult Development Symposium, 1994

“Designing Focus Groups for Obtaining Consumer Feedback.”

New York Psychiatric Rehabilitation Research Conference, 1993

“The Wisconsin Pretrial Release Experiment: Prediction of Rearrest and Failure to Appear.”

American Society of Criminology, 1984

“Beginning Computer Adaptations”

Tech Works Expo 2005 An Assistive Technology Exhibition & Conference

“Intermediate Computer Adaptations”

Tech Works Expo 2005 An Assistive Technology Exhibition & Conference

PUBLICATIONS

“Objectivity in Vocational Evaluation Reports: The Role of Job Accommodations.”
New York State Trial Lawyers Association Bill of Particulars, Spring, 2007.

Charles A. Kincaid, (Contributor). 2002. Approaches to Estimating Lost Earning:
Strategies for the Rehabilitation Consultant. Athens, GA: Elliott & Fitzpatrick, Inc.

“Augmentative and Alternative Communication (AAC) Technologies: A Review”
Epilepsy and Developmental Disabilities, Edited by Devinsky, O. & Westbrook, L.W.,
2002: Butterworth Heinemann, Boston, MA.

“Alternative Keyboards,” Exceptional Parent Magazine, February 1999, Vol. 29, Issue 2.

“New Technology Gets Workers Back on the Job, National Underwriter, April 1998,
Vol. 102, No. 17.

“A Unique Partnership,” Exceptional Parent Magazine, November 1998, Vol. 28,
Issue 11.

“Assistive Technology; and the Prevention of Secondary Disabling Conditions Among
Persons with Spinal Cord Injury,” Journal of Applied Rehabilitation Counseling, Vol. 26,
No. 4, 1995.

OTHER PROFESSIONAL ACTIVITIES

Improving Employment Outcomes Program Grant Review for the National Institute on
Disability and Rehabilitation Research (NIDRR). United States Department of
Education. Washington D.C., September, 2004.

Majid, Salim

7

Initial Examination: 06/07/06

Review of Medical Records: 02/29/08

- 8) Stanley Wainapel, MD
Montefiore Medical Center
Letter of Medical Necessity: 05/25/06

MEDICAL HISTORY

The file record indicates Mr. Majid was injured on 03/06/06, while employed by Trade Fair Supermarket as a Deli Person, when he fell 15 feet into an open elevator shaft and landed on his right knee. He was taken emergently to Elmhurst Hospital and presented with chief complaint of "my knee hurts." Dr. Lee was the attending physician and the admitting diagnosis was Bilateral Patella Fracture.

On 03/07/06, Dr. Azriel Benoraya conducted the following surgical procedure:

1. Open reduction and internal fixation.
2. Bilateral patellar fractures.

On 03/17/06 Dr. Edward Yang discharged the patient.

On 08/11/06 Dr. Sam Jin Yee conducted an initial evaluation. His impressions:

1. Status post multi-trauma neck pain.
2. Lumbar pain.
3. Patellar fractures.
4. Lower extremity pain.

On 08/24/06 Dr. Thomas Weiss performed an Independent Medical Examination.
Disability: "In accordance with the 6/96 Medical Guidelines of the New York State Worker's Compensation Board, the degree of disability is marked."

On 09/27/06 & 11/01/06, Dr. Allan Perlmutter performed an assessment. His impressions:

- "1. C Sprain.
2. Lumbar Sprain
3. Bilateral Knee Derangement."

On 10/06/06, Arvin Ilagen, PT conducted a range of motion examination. Diagnoses:

- "1. Cervicalgia
2. Lumbar pain.
3. Bilateral patellar fracture."

On 12/16/06, Dr. Sam Jin Yee saw the patient for follow up exam. Impressions were:

- "1. Status post multi-trauma neck pain.
2. Low back pain due to the multi-trauma.